



State Approving Agency for Veterans Education  
700 Foothill Blvd  
Salt Lake City, UT 84113  
Phone (801) 584-1973 Fax (801) 584-1964

Date: \_\_\_\_\_

## **Application for Approval of Licensing/Certification Tests**

Thank you for your interest in approval for the testing of veterans and other eligible persons under the GI Bill®. This application contains the information we need in order to approve licensing or certification tests. Please complete this application fully. We cannot process incomplete applications; they will be returned. Once completed, submit the signed application along with any supplemental documents to [utahsaa@utah.gov](mailto:utahsaa@utah.gov).

In order for any tests to be approved for reimbursement under VA education benefits, each test must be generally accepted in the industry and required to enter, maintain a current license, or advance in employment in a specific profession or vocation. Also, to be approved by the Utah SAA, **the head quarters of the company that owns and administers the tests must be located in the state of Utah and have been offered that test for a minimum of 2 years.**

### **Organization Information** *Complete this section completely*

<b>Name of Training Company:</b>					
<b>Physical Address:</b>					
<b>Mailing Address</b> (if different from above):					
<b>Contact Person and Title :</b>					
<b>Phone Number:</b>			<b>Fax Number:</b>		
<b>Email Address:</b>					
<b>Tax ID Number:</b>			<b>Website:</b>		
<b>Organization Type</b> (Check all that apply)	Public		Individual Ownership		Profit
	Non Profit		Government		Corporation

### **CERTIFICAITON AGREEMENT: CONDITIONS TO BE MET BY ORGANIZATION**

#### **I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS**

- ☐ The certification test or tests are generally accepted, in accordance with relevant government, business, or industry standards, employment policies, or hiring practices as attesting to a level of knowledge or skill required to enter into, maintain or advance in employment in a particular vocation or profession.
- ☐ This organization is licensed, chartered, or incorporated in a State and has offered such tests for a minimum of 2 years before the date of this application.
- ☐ This organization employs, or consults with, individuals with expertise or substantial experience with respect to all areas of knowledge or skill that are measured by the test and that are required for the license or certification issued
- ☐ This organization has no direct financial interest in the outcome of the test.
- ☐ Appropriate records are maintained with respect to all candidates who take such a test for a period prescribed by VA, but in no case for a period of less than 3 years.
- ☐ Notice of test results are issued promptly
- ☐ There are policies in place to process and review complaints submitted against this organization with respect to the tests offered.
- ☐ The information contained in this application and attachment(s), supplements, addenda and the supporting approval material is true and correct in content and policy in accordance with 38 CFR 21.4268. We

understand that documents or statements found to be false, fictitious, fraudulent, misleading or misrepresenting the institution, its programs will result in the immediate suspension, withdrawal or denial of approval.

- ❑ Details of individual tests, upon request, will be furnished to the VA. These details include personal identifying information, fee payment, and test results. Such information shall be furnished in the form prescribed by VA and may include submission by paper, email, or other electronic means. *(VA may ask the organization about particular individuals as claims are received. If the organization requires the individual to authorize release of this data, VA will obtain such authorization.*

Printed Name and Title of authorized Institutional Representative

Signature

Date

**State Approving Agency for Veterans Education  
Application for Approval or Licensing or Certification Tests  
Part B- Test Information**

Complete for each test for which approval is sought

<b>Name of Certification:</b>	
<b>Name of Test Required for Certification:</b>	
<b>Owner of Test (Please provide evidence)</b>	
<b>Fee Charged:</b>	
<b>Description and Purpose of Test:</b>	
<b>Prerequisite education and or training to take the test:</b>	
<b>Testing Requirements: (Passing score, Requirements for Testing etc.)</b>	
<b>Entities that recognize the certificate</b>	
<b>Period of time the certificate is valid:</b>	
<b>Requirements for maintaining or renewing the certification:</b>	
<b>Organizations authorized to proctor the tests ( If applicable)</b>	

<b>Time required before test results are released</b>	
<b>How long has this test been offered by your organization (Please include evidence that the test has been offered for 2 years):</b>	
<b>Additional Information relevant to this application:</b>	